

Application No.: 10/695,271
Response to Office Action of December 21, 2004
Attorney Docket: TGEDE-007A

IPW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Tewodros Gedebou) Confirmation No. 4698
)
Serial No.:	10/695,271) Art Unit: 3732
)
Filed:	October 28, 2003) Examiner: Annette R. Reimers
)
For:	COMPREHENSIVE TISSUE ATTACHMENT SYSTEM)
)

**RESPONSE TO OFFICE COMMUNICATION AND CLARIFICATION OF
APPLICANT'S RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Madam:

In response to the Office communication dated December 21, 2004, in relation to the above-identified patent application, Applicant hereby clarifies its response to the Restriction Requirement mailed November 12, 2004, as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

ATTORNEY DOCKET NO: TGEDE-007A
TITLE: COMPREHENSIVE TISSUE ATTACHMENT SYSTEM



SERIAL NUMBER: 10/695,271 FILED: OCTOBER 28, 2003

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

✓ I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

✓ I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Express Mail No. addressed to:

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on January 19, 2005

(Signature)

LINDA JOHNSON
(Typed name of person signing certificate)

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. TRANSMITTAL;
2. RESPONSE TO OFFICE COMMUNICATION RE: RESTRICTION REQUIREMENT (8 pages);
3. CERTIFICATE OF MAILING; AND
4. RETURN RECEIPT POSTCARD.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

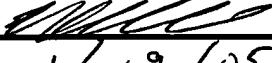
Total Number of Pages in This Submission

Application Number	10/695,271
Filing Date	OCTOBER 28, 2003
First Named Inventor	TEWODROS GEDEBOU
Art Unit	3732
Examiner Name	ANNETTE R. REIMERS
Total Number of Pages in This Submission	TGEDE-007A

ENCLOSURES *(Check all that apply)*

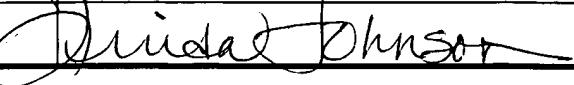
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> *Please charge any additional fees or credit any overpayment to Deposit Account No. 19-4330.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Response to Restriction Requirement; Certificate of Mailing; Return Receipt Postcard		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MATTHEW A. NEWBOLES STETINA BRUNDA GARRED & BRUCKER
Signature	
Date	1/19/05

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:

Typed or printed name	LINDA JOHNSON
Signature	
Date	1-19-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.